

MARICOPA COUNTY  
Environmental Services Department  
1001 N. Central Ave. #201  
Phoenix, AZ 85004



602-506-6700  
602-506-0586 FAX  
602-506-6704 TTN

**PERMIT NAME CHANGE REQUEST**

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Existing Permit Holder: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

New Permit Holder: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR NAME CHANGE: \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL INSTRUCTIONS**

**Must attach new** Application front sheet with an original signature:  
Previously approved dust control plan will stay in effect or new dust control  
plan can be submitted for review and approval:

Existing permit holder release authorization:

Print Name: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_

Title and Company of authorizing agent \_\_\_\_\_  
\_\_\_\_\_

New permit holder acceptance of permit:

Print Name: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_

Title and Company of authorizing agent \_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_